

L15000012432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

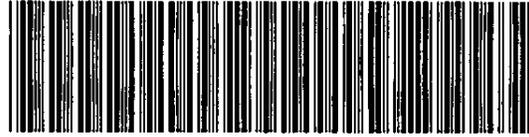
(Business Entity Name)

(Document Number)

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02/23/15--01030--020 **25.00

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15 MAR -3 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR -3 AM 11:23

MAR 05 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cyber Station LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alaina McNeal
Name of Person

Cyber Station LLC
Firm/Company

1780 E Duval St 116 ~~Lake City~~
Address

Lake City FL, 32055
City/State and Zip Code

Lainaduke-10@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alaina McNeal at (386) 984-7814
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2015

ALAINA MCNEAL
1780 E DUVAL ST 116
LAKE CITY, FL 32055

SUBJECT: CYBER STATION LLC
Ref. Number: L15000012432

We have received your document for CYBER STATION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list complete address of registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 615A00004276

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Cyber Station LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2015 MAR -3 AM 11:23
SEQUENCE# 100119
TALLAHASSEE FLDHDP

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The Articles of Organization for this Limited Liability Company were filed on 01/21/15 2015

Florida document number 15000001432

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC," or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1700 E Duval St Unit 116
Lake City FL 32055

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

424 E Central Blvd
Ste 2070 Orlando FL
32801

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Octavia

New Registered Office Address:

1700 E Duval St Unit 116

Lake City Florida 32055

New Registered Agent's Signature, if changing a Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Michael Octavia

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--|--|
| MGR | Alaina McNeal | 424 E Central blvd suite 670 Orlando FL 32801 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

| | | | |
|-----|-----------------|--|--|
| MGR | Michael cutting | 424 E Central blvd Orlando FL 32801 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----|-----------------|--|--|

| | | | |
|-----|----------------|--|--|
| MGR | Bernard McNeal | 424 E Central blvd suite 670 Orlando FL | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
|-----|----------------|--|--|

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 TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2-20-2015, _____

Alana McNeal

Signature of a member or authorized representative of a member

Alana McNeal

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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